

● PRINTER RUSH ●

(PTO ASSISTANCE)

IFW

Application : <u>10/720321</u>	Examiner : <u>Mahandesi, I</u>	GAU : <u>2834</u>
From : <u>SC</u>	Location : <u>IDC</u> FMF FDC	Date : <u>2-8-05</u>
Tracking # : <u>06037551</u>		Week Date : <u>11-08-04</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>11-25-03</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency:

A) Original claim 7 (renumbered Claim 5) depends on original claim 4, which is cancelled

B) Original claim 8 (renumbered Claim 6) depends on original claim 5, which is cancelled.

Please Resolve.

Claim 21 (original 23) ends without period Thank You

SC

[XRUSH] RESPONSE: _____

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04